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HEREFORDSHIRE COUNTY COUNCIL  
EDUCATION COMMITTEE



ANNUAL REPORT

OF THE  
PRINCIPAL  
SCHOOL MEDICAL OFFICER  
FOR THE YEAR

1956



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# HEREFORDSHIRE EDUCATION COMMITTEE

(as at 31st December, 1956)

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(Chairman)

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(1 vacancy)

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THE RT. REV.

THE LORD BISHOP OF HEREFORD

MR. K. J. H. CRADDOCK

Mrs. A. KIMBELL

REV. PREB. J. W. LEWIS

Mrs. K. LUSHINGTON

REV. W. O'CONNOR

MR. G. W. RUSSELL

REV. E. G. T. SIMEY

Mrs. E. WILLIAMSON

Miss E. M. E. YOUNG

(1 vacancy)

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(as at 31st December, 1956)

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(Chairman)

Miss K. E. ATTENBOROUGH

Mrs. A. M. BARNEBY

MR. W. J. BRAY

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MR. H. T. PATRICK

MR. R. C. WILDING

Miss E. M. E. YOUNG

(5 vacancies)



# ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in submitting the Annual Report on the work of the School Health Service for the year 1956. From the contents of the Report it will be seen that the health of the school children is being maintained ; this can be seen from the statistics for defects found at routine medical examinations. Satisfaction can be felt that, generally speaking, the Education Committee continues to make sound provision for the health services of the children for whom it is responsible.

The routine school medical inspections remain as the most important function of the school health services, but it is in connection with the ancillary services that the developments have been made. During the year an interesting appointment was made of an Audiometrician and Hearing Aid Technician. Although nominally she is on the staff of the Birmingham Regional Hospital Board, arrangements have been made so that she can devote about half her time to school work. She has during the year been able to test most of the 8 year olds with a pure tone audiometer, and those found to be hard of hearing have been referred for investigation and treatment. In addition, she has undertaken some teaching of the partially deaf. There seems to be much to be said for the appointment of an officer such as this, who is able to deal with deaf children at all stages.

The Child Guidance Centre in the past few years has suffered from many changes of staff and it must have been difficult to maintain any continuity of effort. From the body of the Report it will be seen that an increasing number of children is being referred by the general practitioners. This may well mean an increased awareness in the profession of child psychiatry. In past years the Centre has mainly dealt with children so far as diagnosis was concerned, but now it will be seen that some psychotherapy is being given. I think that most of us concerned with the establishment of the child guidance service in the early days would welcome some detailed follow-up reports giving the results of treatment, say, five years afterwards. Any immediate response to the treatment of a mal-adjusted child must necessarily be interpreted with caution.

On the whole, the arrangements made for handicapped children requiring special educational treatment in residential schools work smoothly, and only occasionally does a child with multiple defects give us difficulty of placement. I have, however, felt for some time that children suffering from physical handicaps might be accommodated nearer to Herefordshire. At present we are obliged to send them so far afield as Yorkshire and London to find schools taking the particular variety of physical handicap of the individual child. Although nothing will be done to upset the children now happily placed, I hope that in the future accommodation will be found nearer so as to reduce travelling distances, and make it easier for parents to visit such children and for children to get home in the holidays. There are several rather distressing cases of handicapped children who are unable to attend either an ordinary or even a special school, and for them tuition is provided at home.

Another rather tragic group of children are those found to be ineducable, that is to say, incapable of receiving any education at any kind of school, and who are therefore notified to the local health authority. Parents sometimes find difficulty in accepting the decision that their child is unsuitable for any school, and it has to be explained to them by a welfare officer what facilities are available and emphasised that all are acting in the best interests of the child. Only very rarely do parents exercise their right of appeal to the Ministry of Education, and in my recollection of the last ten years, only two parents have done so, and in both cases the Ministry have supported the recommendation of the local education authority.

During the Autumn some six boys who attended Stretton Grandison School were found to be suffering from rather a mysterious illness, and it was necessary for them to be admitted to hospital. A careful investigation was made of the village of Stretton Grandison, and quite a considerable number of additional cases of a similar, but milder, illness were found in other sections of the community. The similarity between the disease and poliomyelitis at first gave rise to some disquiet

locally. A provisional diagnosis was made of a hitherto unknown Virus Disease ; this was later confirmed by specimens submitted for examination by the Virus Reference Laboratory at Colindale. I was particularly impressed with the close co-operation of all members of the medical profession concerned. I hope that a paper written by the local family doctor will shortly be published in one of the medical journals. This will place on record the details of this most interesting outbreak.

I would draw your attention to the two special articles included as an addendum to the Report dealing with the development of the school health services since their inception some fifty years ago. Amusing items are recorded, but also sound progress has been made.

My thanks are due to the members of the Education Committee who collectively have approved of the various schemes which have been submitted, and to members individually who have shown close personal interest in certain lines of development, their very great enthusiasm having made many things possible. I would also like to express my thanks to the professional and clerical staffs for their loyal and whole-hearted help.

Yours faithfully,

J. S. COOKSON,  
*Principal School Medical Officer.*

COUNTY HEALTH DEPARTMENT,  
35, BRIDGE STREET,  
HEREFORD.

*February, 1957.*



## STAFF

### *Principal School Medical Officer—*

J. S. COOKSON, M.A., M.D., D.P.H., Barrister-at-law.

### *Deputy Principal School Medical Officer—*

\*I. F. MACKENZIE, M.D., D.P.H., D.T. M. & H. (appointed 1/11/56)

### *School Medical Officers—*

\*W. HOGG, M.B., B.S., D.P.H.

\*R. T. THOMSON, M.B., CH.B., D.P.H. (resigned 6/7/56).

VIOLET L. DE A. HICKSON, M.R.C.S., L.R.C.P., D.P.H.

\*I. F. MACKENZIE, M.D., D.P.H., D.T. M. & H. (resigned 31/10/56).

J. G. HUNT, M.B., B.S., M.M.S.A.

ISOBEL R. S. TROUP, M.B., CH.B., D.P.H.

‡LOIS J. HOSKYNS-ABRAHALL, M.B., B.S., D.P.H. (resigned 25/7/56).

### *Principal School Dental Officer—*

O. S. BENNETT, L.D.S., R.C.S.ENG.

### *School Dental Officers—*

L. H. CHALLENGER, L.D.S.

†L. MACHIN, L.D.S., R.C.S.

†MRS. A. C. CARTER, L.D.S., B.D.S.

### *Dental Attendants—*

MRS. K. E. PROSSER.

MRS. B. G. M. DAVIES.

MRS. D. D. HERBERT.

†MRS. M. MURRAY

### *Specialist Anaesthetist (part-time)—*

MARIE E. POTTER, M.B., CH.B., F.F.A., R.C.S.ENG.

### *Educational Psychologist—*

†MRS. I. L. SMITH, M.A. (appointed 1/1/56).

### *Social Worker—Child Guidance—*

MRS. S. M. H. DAVIES, S.R.N.

### *Speech Therapists—*

MISS E. J. COXHEAD, L.C.S.T. (resigned 31/1/56).

MISS I. W. HASTINGS, L.C.S.T.

MISS J. DAVENPORT, L.C.S.T. (appointed 1/10/56).

### *School Physiotherapist—*

MISS A. D. EWING, M.C.S.P.

### *Superintendent Nursing Officer—*

MISS E. O. ROBERTS, S.R.N., S.C.M., H.V., M.T.D.

There are three Assistant Superintendent Nursing Officers.

### *School Nurses—*

The establishment of sixty Nurses in the County carry out the School Nursing in addition to their other duties, also, there is an establishment of thirteen full-time Health Visitors who devote half of their time to School Nursing duties, principally in the urban areas.

\* Also District Medical Officer of Health.

‡ Temporary Appointment.

† Temporary Part-time Appointment.

## MEDICAL INSPECTION.

### MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Special Schools).

Number of Schools	.....	.....	.....	.....	176
Number of Pupils	.....	.....	.....	.....	19,188

The arrangements made by the Authority for the medical inspection of pupils are those prescribed in Regulation 10 (1) (a) of the School Health Service and Handicapped Pupils Regulations, 1953, which require "a general medical inspection of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school age and other medical inspections of any pupil on such occasions as may be necessary or desirable".

Periodic medical inspections of children in the following groups were made during the year :—

1st Age Group	Entrants, i.e. children admitted for the first time to a primary school.
2nd Age Group	Secondary entrants—during their first year in the secondary school.
3rd Age Group	Leavers—during their last year in school.
Additional Periodic Inspections	An additional inspection is carried out at the age of 8 years (children born in 1948).

Other children inspected were :—

Specials.	Children not due for periodic inspection but who are specially presented for inspection when some defect is suspected.
Re-inspections.	Children who, at a previous inspection, were found to have some defect requiring treatment or observation.

Pudleston Court Special Residential School for educationally sub-normal boys is visited every term by a School Medical Officer and the Principal School Dental Officer.

The Uplands Special Residential School for delicate children is visited by a School Medical Officer each week when a group of children is examined. This arrangement ensures that each child is seen at least twice a term and that the Head Teacher is able to discuss with the Medical Officer any child about whom she is concerned. The Principal School Dental Officer visits once a term.

#### Periodic Medical Inspections.

1st Age Group	.....	.....	.....	1,938
2nd Age Group	.....	.....	.....	1,622
3rd Age Group	.....	.....	.....	1,298
			-----	
	Total	.....	.....	4,858
Additional Periodic Inspections	.....	.....	.....	1,736
			-----	
	Grand Total	.....	.....	6,594

#### Other Inspections.

Number of Special Inspections	.....	.....	.....	2,489
Number of Re-inspections	.....	.....	.....	3,027
			-----	
	Total	.....	.....	5,516
			-----	



**TABLE I.**—Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding dental diseases and infestation with vermin).

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any other condition</i>	<i>Total individual pupils</i>
1st Age Group .....	55	203	249
2nd Age Group .....	89	119	203
3rd Age Group .....	78	91	164
Total .....	222	413	616
Additional Periodic Inspections .....	79	174	246
Grand Total .....	301	587	862

**TABLE II.**—PERIODIC MEDICAL INSPECTIONS.

A return of (a) Defects found to require treatment.

(b) Defects requiring to be kept under observation but not requiring specific medical treatment.

DEFECT OR DISEASE.	ENTRANTS.		LEAVERS.		TOTAL (all Groups)	
	<i>Requiring Treatment</i>	<i>Requiring Observation</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>
Skin .....	21	35	25	14	95	88
Eyes (a) Vision .....	55	98	78	118	301	527
(b) Squint .....	26	9	2	2	35	30
(c) Other .....	13	12	2	3	39	32
Ears (a) Hearing .....	5	41	5	9	24	116
(b) Otitis Media .....	9	50	4	11	21	149
(c) Other .....	4	19	4	2	20	44
Nose and Throat .....	40	298	16	33	133	662
Speech .....	11	77	3	3	27	127
Lymphatic Glands.....	5	69	—	6	6	129
Heart .....	4	13	2	9	9	44
Lungs .....	21	54	2	12	40	122
Developmental—(a) Hernia .....	6	4	2	1	12	9
(b) Other .....	6	8	3	7	14	40
Orthopaedic—(a) Posture.....	—	44	3	42	9	229
(b) Feet .....	5	146	4	61	20	524
(c) Other .....	7	183	7	48	25	444
Nervous System—(a) Epilepsy .....	2	3	2	6	4	17
(b) Other .....	5	6	1	2	15	20
Psychological—(a) Development.....	5	16	1	2	17	54
(b) Stability .....	4	46	—	3	9	119
Abdomen .....	2	2	1	1	6	4
Other .....	22	61	6	5	49	124



The following table shows the number of defects found per 100 children examined at periodic inspections. No provision is made for the inspection of healthy children under the National Health Scheme and although the figures include all defects requiring treatment, whether or not treatment was begun before the date of inspection, many of the defects were found for the first time by a School Medical Officer. The discovery of these defects at an early stage when they are capable of responding to treatment can of course avoid disability in later life.

**TABLE III.—DEFECTS FOUND PER 100 CHILDREN EXAMINED AT PERIODIC INSPECTIONS.**

	<i>Requiring Treatment</i>	<i>Requiring observation</i>	<i>Total</i>
Skin .....	1.4	1.3	2.7
Eyes .....	5.7	8.9	14.6
Ear, Nose and Throat .....	3.0	14.7	17.7
Heart .....	0.1	0.7	0.8
Lungs .....	0.6	1.9	2.5
Orthopaedic .....	0.8	18.1	18.9
Psychological .....	0.4	2.6	3.0
Other .....	2.0	7.1	9.1

**TABLE IV.—SPECIAL INSPECTIONS.**

A return of (a) Defects found to require treatment.

(b) Defects requiring to be kept under "observation" but not requiring specific medical treatment.

<i>Defect or Disease.</i>	<i>Number of Defects requiring treatment</i>	<i>Number of Defects requiring observation</i>
Skin .....	9	19
Eyes (a) Vision .....	79	311
(b) Squint .....	8	17
(c) Other .....	9	19
Ears (a) Hearing .....	12	53
(b) Otitis Media .....	5	25
(c) Other .....	5	14
Nose and Throat .....	34	267
Speech.....	28	62
Lymphatic Glands .....	2	28
Heart .....	1	20
Lungs .....	—	57
Developmental—(a) Hernia .....	2	6
(b) Other .....	3	21
Orthopaedic—(a) Posture .....	1	62
(b) Feet .....	5	162
(c) Other .....	5	119
Nervous System—(a) Epilepsy .....	—	10
(b) Other .....	5	9
Psychological—(a) Development .....	8	19
(b) Stability .....	8	54
Abdomen .....	1	—
Other .....	17	94

**TABLE V.**—Classification of the Physical Condition of Pupils inspected during the year in the Age Groups. (This table has replaced, at the request of the Ministry of Education, that showing the general condition of pupils inspected.)

Age Groups	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1st Age Group .....	1938	1904	98.2	34	1.8
2nd Age Group .....	1622	1600	98.6	22	1.4
3rd Age Group .....	1298	1287	99.2	11	0.8
Additional Periodic Inspections .....	1736	1703	98.1	33	1.9
Total .....	6594	6494	98.5	100	1.5

**TABLE VI.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.**

	Number of cases known to have been dealt with.		
	By the Authority.	Otherwise.	Total.
External and other, excluding errors of refraction and squint .....	96	31	127
Errors of refraction (including squint) .....	764*	141	905
Total .....	860	172	1032
Number of children for whom spectacles were prescribed .....	397*	34	431

\*Includes cases dealt with under arrangements with the Supplementary Ophthalmic Services.

The parents of a child found with a defect of vision are offered an appointment at the Victoria Eye Hospital, Hereford, or clinics held at Kington, Ledbury, Leominster and Ross-on-Wye. Spectacles if required are supplied by any Optician on the Executive Council's list. Parents may if they wish arrange their own appointment through the National Health Service.

93 Children are known to have received operative treatment for squint and 323 children to have received orthoptic treatment.

Forms for the replacement or repair of spectacles were issued on behalf of 163 children.

A colour vision survey was made of pupils in the 3rd Age Group. Of 1,213 pupils 52 or 4.3 per cent. were found to have defective colour vision, and are divided into the following categories.

	Boys.	Girls.
Total colour blindness (incomplete) .....	2	—
Red/Green blindness (complete) .....	5	—
Red/Green blindness (incomplete) .....	13	4
Red blindness .....	—	—
Green blindness .....	25	1
Indeterminate .....	1	1
Total .....	46	6



**TABLE VIIa.—DISEASES OF EAR, NOSE AND THROAT.**

	<i>Number of cases known to have been treated.</i>		
	<i>By the Authority.</i>	<i>Otherwise.</i>	<i>Total</i>
Received operative treatment for			
(a) diseases of the ear .....	—	8	8
(b) adenoids and chronic tonsillitis .....	—	364	364
(c) other nose and throat conditions .....	—	9	9
Received other forms of treatment .....	85	104	189
<b>Total .....</b>	<b>85</b>	<b>485</b>	<b>570</b>
Total number of pupils in schools who are known to have been provided with hearing aids			
(a) in 1956 .....	—	8	8
(b) in previous years .....	—	20	20

There has been no change in the arrangements made for the examination and treatment of children suffering from ear, nose and throat defects, or for the ascertainment of deaf and partially deaf children.

At the request of the Ministry of Education, school doctors, during their examination of children for periodic medical inspection ascertained which had undergone tonsillectomy at any time previously, and the following results were obtained.

**TABLE VIIIb.—CHILDREN WHO HAVE UNDERGONE TONSILLECTOMY.**

AGE GROUP.	Boys.			GIRLS.		
	<i>Examined</i>	<i>No. had Tonsillectomy</i>	<i>%</i>	<i>Examined</i>	<i>No. had Tonsillectomy</i>	<i>%</i>
1st Age Group .....	1054	73	6.4	884	52	5.9
2nd Age Group .....	705	123	17.4	917	164	17.9
3rd Age Group .....	558	113	20.3	740	191	25.8
Other Group .....	924	148	16.0	812	109	13.4
<b>Total .....</b>	<b>3241</b>	<b>457</b>	<b>14.1</b>	<b>3353</b>	<b>516</b>	<b>15.4</b>

As a result of arrangements made with the Regional Hospital Board, Miss Adamson, who was appointed Audiometrician and Hearing Aid Technician, commenced duty in February. Miss Adamson originally visited schools to test by the sweep frequency method children born in 1948 but after every school with an electricity supply had been visited a further group was selected—those born in 1945. 119 schools were visited and in addition to these two groups certain other children were tested at the request of School Medical Officers and Head Teachers.

A pure tone audiometer was used to test the hearing of the children. The criteria for pass or fail was set at 20 decibels and each ear tested individually throughout the frequency range of 125-8,000 cycles per second. This method of testing has the advantage over speech audiometry as it brings to light children with high frequency losses who would be missed by speech testing. (One case of severe high tone loss was detected). As the background noise in most schools was found to be quite high, 20 decibels proved to be a good practical level. Teachers were found to be most co-operative in keeping the background noise as low as practicable. This method provides a useful, detailed analysis of hearing loss in the children tested.

**TABLE VIIc.—PARTICULARS OF CHILDREN TESTED.**

Age Group	Tested	Failed.				% Failed
		Right	Left	Both	Total	
Born 1948 .....	1470	35	31	29	95	6.4
Born 1945 .....	292	10	—	5	15	5.1
Others .....	163	10	14	19	43	26.3
Total .....	1925	55	45	53	153	7.9

Children who failed the sweep test were called for examination by a School Medical Officer and dealt with as shown below :—

Already under Ear, Nose and Throat Surgeon .....	12
Already under own doctor .....	5
Referred to Ear, Nose and Throat Surgeon .....	63
Referred to own doctor .....	4
Requiring observation .....	50
Referred back for further audiogram and passed .....	2
Treatment refused or failed to attend for examination .....	5
Not yet examined .....	12
Total .....	153

Four children in possession of hearing aids who had not been seen by the Ear, Nose and Throat Surgeon for over 12 months were referred for re-examination. One child has had the aid withdrawn as no longer necessary, but the other 3 did not attend. The hearing of five of the children referred to the Ear, Nose and Throat Surgeon was found to be within normal limits and the rest were found to have hearing losses and the appropriate recommendations as to treatment, and preferential seating in class were made. Retests at regular intervals were recommended. One child found as a result of sweep testing was referred for lip reading instruction and one was fitted with a hearing aid.

Lip Reading and Auditory Training classes with the hearing aid have been held at the Child Guidance Centre.

No. of children who have received tuition .....	19
No. of attendances .....	392
Cases closed :—	
Left school .....	1
Hearing improved and aid no longer necessary .....	2
Instruction no longer required—auditory rehabilitation complete .....	1

#### **ORTHOPAEDIC AND POSTURAL DEFECTS.**

Number of pupils known to have been treated at Clinics or Out-Patient Departments :—

By the Authority .....	844
Otherwise .....	62
Total .....	906

#### **SCHOOL PHYSIOTHERAPY SERVICE.**

During 1956 the service has continued along the lines laid down in 1955. A particular effort has been made to include as large a number as possible of the rural schools where children are awaiting treatment and cannot attend a centre. 26 of these schools have been visited for weekly treatment sessions.

Weekly or twice weekly sessions have been held throughout the year at the Minor Ailment Clinics



at Hereford, Leominster, and Ross-on-Wye, and weekly sessions have been held periodically at Bromyard, Kingstone, Kington, and Ledbury. Weekly sessions have also been held at Pudleston Court School and the Uplands School. Domiciliary visits have again been made in a few cases where there is great difficulty in attending a centre.

The following figures give the number of attendances at the various clinics.

	<i>Clinic held at</i>	<i>Attendances</i>
BROMYARD	Youth Club Room, St. Peter's School .....	230
HEREFORD	Minor Ailment Clinic .....	1722
KINGSTONE	Minor Ailment Clinic .....	190
KINGTON	Church Hall .....	207
LEDBURY	The Deanery .....	270
LEOMINSTER	Minor Ailment Clinic .....	840
ROSS-ON-WYE	Minor Ailment Clinic .....	930
	<b>Total</b> .....	<b>4389</b>
Attendances—school visits .....	.....	1735
<b>Total attendances</b> .....	.....	<b>6124</b>
<b>Number of children treated</b> .....	.....	<b>844</b>

### MINOR AILMENT CLINICS.

Throughout the County there are four Minor Ailment Clinics which are situated at the following addresses (details are also given as to times of opening) :—

HEREFORD	Town Hall Annexe, St. Owen Street, Hereford. Monday to Saturday, 10 a.m.—12 noon. Medical Officer attends on Monday and Thursday each week.
KINGSTONE	Kingstone Camp, Clehonger, Hereford. Tuesday and Friday, 10 a.m.—11 a.m. (during school term). Medical Officer attends on Tuesday each week.
LEOMINSTER	Hospital Hut, Leominster and District Hospital, Leominster. Monday and Friday, 10 a.m.—11 a.m. (during school term). Medical Officer attends on Friday each week.
ROSS-ON-WYE	Chepstow House, Ross-on-Wye. Monday and Thursday, 10 a.m.—11 a.m. (during school term). Medical Officer attends on Monday each week.

Total number of attendances at Authority's Minor Ailment Clinics .....	3,379
Number of cases of miscellaneous minor ailments treated by the Authority .....	1,983

The undermentioned schools have been provided with special equipment and a Health Visitor visits once a week to deal with the treatment of minor ailments :—

Hunderton C.P. School, Hereford.  
Ross C.S. School, Ross-on-Wye.  
St. Martins C.P. School, Hereford.  
Whitecross C.S. School, Hereford.

### TABLE VIII.—DISEASES OF THE SKIN.

(excluding uncleanliness for which see page 12.)

Number of defects treated, or under treatment, during the year by the Authority.

<i>Type of defect.</i>	<i>Number of cases treated</i>
Ringworm :—	
(1) Scalp .....	2
(2) Body .....	5
Scabies .....	3
Impetigo .....	29
Other Skin Diseases .....	148
<b>Total</b> .....	<b>187</b>

## INFESTATION WITH VERMIN.

The examination and control of infestation was carried out by the "concentration" method by which children are inspected once early in each term unless found to require further attention. 1956 again showed a slight decrease in the number of children found to be infested.

In the County area exclusion is for three days and instruction is given by the Health Visitor for home treatment. In the City area exclusion is for three days, but the parent is asked to take the child to the Clinic for treatment. Home follow-up visits are made as required.

Average number of visits per school made by Nurses during the year .....	6.6
Total number of examinations in the schools by the School Nurses or other authorised persons .....	52,001
Total number of individual pupils found to be infested .....	432
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) .....	<i>Nil.</i>
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) .....	<i>Nil.</i>

## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

No improvement in dental staffing has occurred during the year, though it is gratifying to report that the position can be anticipated to improve in the near future.

The continuing staffing difficulty experienced by this Authority, and consequent inability to provide an efficient comprehensive dental service has resulted in a loss of goodwill, particularly from discerning parents who appreciate the value of oral health. Some such parents have been placed in an almost desperate position, being unable to obtain frequent inspection and treatment under the School Dental Service or the General Dental Service. Others are known to have travelled considerable distances in order to do the best for their children.

There appears to be no diminution of the high incidence of dental caries. This is not surprising when it is observed that so many children of all ages consume so much fermentable carbohydrate at all times. The sale of biscuits by head teachers to pupils to consume with milk during the mid-morning break is to be deplored, likewise the permitting of children to proceed to the local shop for the purchase of sweets etc. Such indulgence is not necessary, and without doubt initiates destruction of dental tissue. This problem of dental health education is undoubtedly too great to be tackled by the dental profession alone. There is growing opinion that it should be a Governmental responsibility.

The development of an orthodontic service is still precluded by the staffing difficulty. A very small number of selected children have had appliances fitted by the dental staff, and a few exhibiting complex dental deformity have been referred to the orthodontic consultant of the Birmingham Regional Hospital Board, which necessitates travelling to Worcester.

The arrangements for radiological investigation, and treatment of abnormal cases continue as before, and are working very satisfactorily.

The tabulated statistics below give details of dental inspection and treatment.

Number of pupils inspected by the Authority's Dental Officers :

	(a) At periodic inspections .....	6,892
	(b) Specials .....	752
	<b>TOTAL</b> .....	<b>7,644</b>
Number found to require treatment .....		4,889
Number referred for treatment .....		4,686
Number actually treated .....		3,034
Attendances made by pupils for treatment .....		5,019
Half-days devoted to :	Inspection .....	75
	Treatment .....	894
	<b>TOTAL</b> .....	<b>969</b>
Fillings :	Permanent teeth .....	3,165
	Temporary teeth .....	1
	<b>TOTAL</b> .....	<b>3,166</b>



Number of teeth filled :	Permanent teeth	.....	.....	2,889
	Temporary teeth	.....	.....	1
	TOTAL	.....	.....	2,890
Extractions :	Permanent teeth	.....	.....	916
	Temporary teeth	.....	.....	3,160
	TOTAL	.....	.....	4,076
Administration of general anaesthetics for extraction		.....	.....	299
ORTHODONTICS :				
(a)	Cases commenced during the year	.....	.....	12
(b)	Cases carried forward from previous year	.....	.....	12
(c)	Cases completed during the year	.....	.....	5
(d)	Cases discontinued during the year	.....	.....	5
(e)	Pupils treated with appliances	.....	.....	17
(f)	Removable appliances fitted	.....	.....	15
(g)	Fixed appliances fitted	.....	.....	—
(h)	Total attendances	.....	.....	124
Number of pupils supplied with artificial dentures		.....	.....	12
Other operations :	Permanent teeth	.....	.....	303
	Temporary teeth	.....	.....	25
	TOTAL	.....	.....	328

### INFECTIOUS DISEASES IN SCHOOLS.

During the year no schools were closed on account of infectious disease.

**TABLE IX.**

This table shows the number of notifications of infectious and other notifiable diseases among children of compulsory school age during the year.

<i>Disease</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Scarlet Fever	25	25	50
Whooping Cough	56	71	127
Acute Poliomyelitis—			
(a) Paralytic	1	—	1
(b) Non-Paralytic	—	—	—
Measles (excluding rubella)	420	293	713
Diphtheria	—	—	—
Acute Pneumonia	5	4	9
Dysentery	9	4	13
Smallpox	—	—	—
Acute Encephalitis—			
(a) Infective	8	8	16
(b) Post-Infectious	—	—	—
Enteric or Typhoid Fever	—	—	—
Paratyphoid Fevers	—	—	—
Erysipelas	—	1	1
Meningococcal infection	—	—	—
Food Poisoning	—	—	—
Total notifications	524	406	930

## HANDICAPPED PUPILS.

At the end of the year there were 480 boys and 267 girls on the Handicapped Pupils Register. This shows an increase of 29 boys and 21 girls compared with the previous year. Particulars of these cases are given in Table X.

During the year the following children were newly ascertained as requiring special educational treatment in special schools :—

Blind	.....	.....	.....	1
Partially Sighted	.....	.....	.....	1
Deaf	.....	.....	.....	3
Partially Deaf	.....	.....	.....	—
Delicate	.....	.....	.....	56
Physically Handicapped	.....	.....	.....	—
Educationally Sub-Normal	.....	.....	.....	30
Maladjusted	.....	.....	.....	1
Epileptic	.....	.....	.....	1
				—
Total	.....	.....	.....	93
				—

84 children were admitted to special residential schools and hospital schools during the year and 78 were discharged.

23 boys were admitted to Pudleston Court School for educationally sub-normal pupils and 10 were discharged. One of these was reported to the Local Health Authority under Section 57/4 of the Education Act, 1944. Of the boys requiring education in special schools the parents of 10 have given their consent, and the names of these boys are on the waiting list for admission. Three are to be admitted in January 1957.

During the year 5 girls were admitted to Haughton Hall Special Residential School, Shifnal, Salop, and 5 were discharged. Two of these were reported to the Local Health Authority under Section 57/3, one under Section 57/4, and two under Section 57/5. Three girls were admitted to St. Francis Residential School, Birmingham. At the end of the year there were 4 girls, whose parents had consented, awaiting places at special schools.

11 boys and 13 girls were admitted to the Uplands School, Folly Lane, Hereford, during the year and 16 boys and 13 girls were discharged. This school accommodates children between the ages of 5 and 11 and at the end of the year there were 8 boys and 4 girls on the waiting list for admission, but 10 children are to be admitted at the beginning of the spring term 1957. Five delicate children too old for Uplands were admitted to schools outside the County and two more await suitable vacancies.

One blind girl, aged 4, is at present considered to be too retarded for admission to a Sunshine Home but her admission will be considered again when she is older, and a further girl aged 3 is shortly to be seen by the Medical Consultant of the Royal National Institute for the Blind to ascertain whether she is suitable for admission to a Sunshine Home. Two partially sighted children were admitted to Exhall Grange School, Warwick, during the year.

One deaf and one partially deaf girl were admitted to the Junior School of the Royal School for the Deaf, Birmingham. Three deaf children have been recommended for education in special residential schools, and one of these is to be admitted to Wessington Court in January.

One maladjusted child was admitted to the River House School, Henley-in-Arden, and two epileptic children were admitted to Colthurst House School, Alderley Edge, Cheshire. Unfortunately one of these proved unsuitable and he was discharged. He is now being kept at home and is periodically examined by a School Medical Officer. It is hoped to arrange home tuition.

### CASES REPORTED TO LOCAL HEALTH AUTHORITY.

Under Section 57 of the Education Act, 1944, the local education authority is required to examine those children in its area who, having attained the age of two years, are suffering from disability of mind of such a nature or to such an extent as to make them incapable of receiving education at school.

Under Sub-section (3) of this Section the local education authority is required to issue to the local health authority a report on any child who, by reason of disability of mind, is incapable of receiving education at school.

Under Sub-section (4) a child can be deemed ineducable not only if his disability of mind renders him incapable of receiving education but also if his disability is such as to make it inexpedient that, either in his own interests or the interests of others, he should be educated in association with other children.

Sub-section (5) requires that any child who, by reason of disability of mind, requires supervision after leaving school should be reported to the local health authority before the child ceases to be of compulsory school age.



During the past year the undermentioned children were reported :—

Reported under Section 57 (3)	.....	9
Reported under Section 57 (4)	.....	2
Reported under Section 57 (5)	.....	7
Total	.....	18

### CHILD GUIDANCE SERVICE.

During the year there have been two new appointments to the staff. In January Mrs. I. L. Smith took up her appointment part-time as Educational Psychologist, and in March Dr. D. T. Maclay, M.D., D.P.M., as Psychiatrist. The staff now comprises these new arrivals together with Mrs. S. Davies, Social Worker, and a clerk.

During the year 293 children attended the centre, or were seen at school, and of these 166 were new patients or, in some cases, re-referrals of children who had attended before. (In view of the checkered history of the centre which, with depleted staff has often been unable to provide adequate therapy, it appears justifiable to include these latter children as new cases.) Of the 166 new children 68 were referred on account of educational problems only. The remaining 98 were grouped diagnostically as follows :—

Anxiety	.....	41
Behaviour disorder	.....	25
Stealing	.....	18
Enuresis and soiling	.....	7
Backwardness	.....	4
Psychosomatic	.....	2
Epilepsy	.....	1
		98

#### SOURCES OF REFERRAL :—

School Medical Officers	.....	22
Family doctors	.....	20
Juvenile Courts	.....	15
Head Teachers	.....	12
Parents	.....	10
Hospitals	.....	10
Children's Officer	.....	4
Probation Officers	.....	2
District nurse	.....	1
Speech Therapist	.....	1
Transferred from other Child Guidance Centre	.....	1
		98

#### RECOMMENDATIONS :—

Treatment (psychotherapy)	.....	35
Under observation	.....	20
Environmental adjustment (e.g. home or school adjustments)	.....	15
Residential treatment	.....	4
Admission to hospital	.....	3
Home care	.....	1
Parents to bring child before the Court	.....	1
Nursery School	.....	1
Treatment of mother	.....	1
Treatment and educational help	.....	2
		83

Court cases in which recommendations were simply made to the magistrates ..... 15

98

Number having weekly treatment interviews at end of the year	.....	.....	.....	15
---	-------	-------	-------	----

Number on Waiting List at end of year				
(a) for first attendance	.....	.....	.....	13
(b) for treatment	.....	.....	.....	13

				<i>Psychiatrist</i>	<i>Psychologist</i>	<i>Social Worker</i>
No. of school visits made	.....	.....	.....	4	87	1
No. of home visits made	.....	.....	.....	3	—	174
No. of hospital visits made	.....	.....	.....	3	—	2

In the autumn members of the staff of the Centre attended an afternoon Conference in Cheltenham. This is a get-together of those working in Child Guidance Centres in Worcestershire, Gloucestershire and Herefordshire at which it is possible to discuss methods, ventilate problems and share ideas. It is hoped to have the 1957 Conference in Hereford.

### PUPILS WITH SPEECH DEFECTS.

The Speech Therapists have seen 130 children during the year, mainly at clinics held at the following centres :—

BROMYARD	Dumbleton Hall, Bromyard.
FOXLEY	2/44 Foxley Estate.
HEREFORD	Child Guidance Centre, Union Street, Hereford.
HUNDERTON	C.P. School, Hunderton.
KINGTON	Cottage Hospital, Kington.
LEDBURY	The Deanery, Ledbury.
LEINTWARDINE	V.A. School, Leintwardine.
LEOMINSTER	Hospital Hut, Leominster and District Hospital.
ROSS-ON-WYE	Chepstow House, Ross-on-Wye.

The resignation of Miss Coxhead at the end of January meant that either some patients would have to forego treatment for an indefinite period, or the whole process slowed down and patients given treatment at fortnightly intervals. The latter course seemed to be the fairer way out of the difficulty for everybody, but it certainly has prolonged treatment in a great many cases.

In October Miss Davenport joined the staff and it is hoped to reduce the long waiting list considerably during the next twelve months.

The Uplands School is being visited regularly, whilst the number of patients seen at Pudleston Court School has now increased to seven.

Cases in attendance at beginning of year	.....	.....	.....	77
Cases resuming treatment after observation period			.....	12
New cases seen during 1956	.....	.....	.....	38
Old cases re-admitted	.....	.....	.....	3
				-----
Total cases	.....	.....	.....	130
				-----
Cases cured and discharged	.....	.....	.....	24
Cases ceasing attendance before cure or discharge	.....	.....	.....	14
Cases treated and now under observation	.....	.....	.....	5
Cases in attendance at the end of the year	.....	.....	.....	87
Total number of attendances	.....	.....	.....	1480
Number of children on waiting list at end of year	.....	.....	.....	126



## CLINICAL ANALYSIS OF CASES TREATED.

Number of children suffering from :—

Stammer	.....	.....	.....	42
Cleft Palate	.....	.....	.....	8
Spastic Dysarthria	.....	.....	.....	2
Sigmatism	.....	.....	.....	15
Alalia	.....	.....	.....	2
Aphasia	.....	.....	.....	4
Rotocism	.....	.....	.....	2
Sigmatism and Stammer	.....	.....	.....	1
Dyslalia and Stammer	.....	.....	.....	1
Dysarthria and Dyslalia	.....	.....	.....	4
Dysphonia and Dyslalia	.....	.....	.....	1
Hyperrhinophonia	.....	.....	.....	1
Dyslalia				
(a) Multiple Dyslalia	.....	.....	.....	25
(b) General Dyslalia	.....	.....	.....	13
(c) Simple Dyslalia	.....	.....	.....	9
Total	.....	.....	.....	130

**TABLE X.—HANDICAPPED PUPILS.**

The number of Pupils ascertained is given in the following Table which shows the position on 31st December, 1956.

<i>Category</i>	<i>In Special School*</i>		<i>In Maintained Schools</i>		<i>In Independent Schools</i>		<i>Not at School</i>		<i>Total</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
(a) BLIND	2	3	—	—	—	—	—	1	2	4
(b) PARTIALLY SIGHTED	1	1	3	3	—	1	—	—	4	5
(c) DEAF	5	6	2	—	—	1	1	—	8	7
(d) PARTIALLY DEAF	2	4	24	14	—	—	—	1	26	19
(e) EDUCATIONALLY SUB-NORMAL	38	17	111	59	1	1	2	3	152	80
(f) EPILEPTIC	2	2	1	—	—	—	—	—	3	2
(g) MALADJUSTED	2	—	6	2	—	—	—	—	8	2
(h) PHYSICALLY HANDICAPPED	4	3	6	6	—	—	7	1	17	10
(i) SPEECH DEFECT	—	—	169	73	7	2	5	3	181	78
(j) DELICATE	6	9	37	32	—	—	1	3	44	44
(k) MULTIPLE DEFECTS	13	6	21	8	—	—	1	2	35	16
TOTAL	75	51	380	197	8	5	17	14	480	267

\*Includes Hospital Special Schools.

### INDEPENDENT SCHOOLS.

Arrangements have been made with the proprietors of eight schools not maintained by the Authority for the provision of medical inspection and treatment under Section 78 (2) of the Education Act, 1944.

Number of Schools inspected	.....	.....	.....	8
Periodic Medical Inspections—				
Number of children inspected	.....	.....	.....	254
Number of children found to require treatment—				
For defective vision	.....	.....	.....	9
For any other condition	.....	.....	.....	15
Total individual children	.....	.....	.....	24
Physical condition of the children examined—				
Satisfactory	.....	.....	.....	253
Unsatisfactory	.....	.....	.....	1
Number of children found to require observation				124
Number of special inspections	.....	.....	.....	111
Number of re-inspections	.....	.....	.....	55

### NURSERY SCHOOLS.

The White Cross Nursery School is visited once each term by a School Medical Officer who examines all children. In addition a School Nurse visits the school twice weekly.

Number of children inspected	.....	.....	.....	52
Number of children found to require treatment	.....	.....	.....	5
Number of children found to require observation	.....	.....	.....	21
Physical condition of the children examined—				
Satisfactory	.....	.....	.....	52
Unsatisfactory	.....	.....	.....	—
Number of re-inspections	.....	.....	.....	27

### EMPLOYMENT OF CHILDREN.

Children of compulsory school age, employed out of school hours, are required to submit to medical examination in order to ascertain that the employment is not prejudicial to their health or physical development and does not render them unfit to obtain proper benefit from their education. During the year 75 children were examined by School Medical Officers and granted certificates.

### SANITARY INSPECTIONS OF SCHOOLS.

When a school medical officer visits a school to carry out medical inspection he prepares a report on the school premises. This includes brief notes on the sanitary arrangements, water supply, washing accommodation, canteen and sculleries, heating, lighting and ventilation. Matters which appear to require attention or investigation are referred to the Director of Education.

### NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN.

A Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee, have been following the health, growth and development of 5,000 children born in one week of March, 1946, drawn from all social classes and from all parts of Great Britain.

Since the survey started a number of children have been withdrawn by the parents but the Committee are still in touch with 92% of the children enrolled in 1946.

Early in 1957 a further examination will be made by School Medical Officers of the 15 children living in Herefordshire.

### MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS.

Candidates applying for entry to training colleges, university departments of education, and approved art schools are required to submit to X-ray examination and to a medical examination by a School Medical Officer of the area in which they live in order to determine their fitness for these courses.

Arrangements are also made for teachers entering the service of the Authority to undergo a medical examination, including a X-ray test of the chest, to exclude the possibility of infection.

During the past year the following examinations were carried out by the Authority's medical staff :—

Entrants to training colleges, etc.	.....	.....	.....	59
Teachers	.....	.....	.....	47 (1 failed)



### DIPHTHERIA IMMUNISATION.

Diphtheria Immunisation is offered at the school medical inspections on the child first commencing attendance at school at five years of age, either a full course of two or three injections, or a single reinforcing injection when the child has been immunised in infancy. This service is again offered when the child reaches nine years of age.

During the year 1956, diphtheria immunisation sessions were held at school medical inspections in 160 maintained and 6 private schools, in the area of the Local Education Authority. Notices regarding this service, embodying form of consent, were forwarded to the parents of 3,491 children in the age groups of 5 and 9, and treatment at the school was accepted in respect of 2,584 children, an acceptance rate of 74%. Of these, 361 children had not been previously immunised and were given the full course of 2 or 3 injections, and 2,223 children were given a single reinforcing injection. In addition, 34 primary immunisations and 142 reinforcing injections were administered to children of school age by general medical practitioners and at minor ailments clinics and infant welfare centres.

No cases of diphtheria were notified in the area of the Authority during the year.

### PROTECTION FROM POLIOMYELITIS.

A vaccine has now been developed that is believed to confer a degree of protection against paralytic poliomyelitis. It has been tested for safety by the Medical Research Council and approved by the Ministry of Health.

Children chosen for vaccination were those born between 1947 and 1954 inclusive, and the parents of these were advised of the local arrangements. A record of all children whose parents desired vaccination was sent to the Ministry of Health.

**TABLE XIa.—CHILDREN REGISTERED FOR VACCINATION.**

<i>Year of Birth</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1947 .....	456	441	897
1948 .....	472	409	881
1949 .....	437	412	849
1950 .....	386	358	744
1951 .....	282	261	543
1952 .....	257	239	496
1953 .....	263	240	503
1954 .....	227	198	425
Total .....	2780	2558	5338

On the instructions of the Ministry of Health children born in November in each of the years 1947 to 1954 and March in each of the years 1951 to 1954 were called for vaccination in May and June. Vaccine left over was used to vaccinate some of the children born in August 1947 to 1954.

A further small issue of vaccine was made in December to complete the vaccination of those children who had only one injection before the end of June, and a few more children were given first injections.

**TABLE XIb.—CHILDREN VACCINATED DURING THE YEAR.**

<i>Year of Birth</i>	<i>Two Injections</i>			<i>One Injection only</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
1947 .....	46	38	84	—	—	—
1948 .....	39	43	82	—	—	—
1949 .....	32	32	64	—	1	1
1950 .....	24	22	46	—	—	—
1951 .....	27	42	69	6	1	7
1952 .....	50	41	91	2*	5	7
1953 .....	50	42	92	—	—	—
1954 .....	30	39	69	2	—	2
Total .....	298	299	597	10	7	17

\*Includes one child who left to go to Canada before the 2nd injection could be given.



It is hoped that regular supplies of vaccine will become available from the middle of January, 1957. Children who have received only one injection will then receive their second injection and the remaining registered children will be vaccinated. General practitioners are being invited to take part in the arrangements and vaccinate those children who are their patients subject of course to the parents wishing them to do so.

The offer of vaccination to children other than those already registered depends upon the production of larger quantities of vaccine. The Ministry of Health hope that this will be possible later in 1957 but no more precise indication can at present be given.

### B.C.G. VACCINATION AT SCHOOL.

B.C.G. Vaccination is offered, subject to obtaining parental consent and to the necessary preliminary tests, to school children who are aged 13 years. The tuberculin testing and actual vaccination are carried out by members of the medical staff who visit the schools and apply a skin test to those children whose parents consent. Three days later the children are seen again and those producing a negative result are vaccinated.

The majority of the children vaccinated in 1955 have been re-tested and those producing negative results have been re-vaccinated.

The procedure of B.C.G. vaccination is safe and effective in preventing the more acute forms of tuberculosis and the scheme should be actively encouraged.

Number offered P.P.D. test and B.C.G. Vaccination (if necessary) .....	1,816	
Number of acceptances .....	1,207	66.5%
Number tested during the year .....	1,151	
Number found to be negative reactors and vaccinated .....	947	82.3%
Number found to be tuberculin positive .....	204	17.7%
Number referred to Chest Physician .....	2	
Number vaccinated with B.C.G. in 1955 who have been re-tested .....	717	
Number found to be negative reactors and re-vaccinated .....	140	19.5%
Number found to be tuberculin positive .....	577	80.5%

School Medical Officers visit the schools again 6-8 weeks following vaccination to examine the arms of the children and note any reactions.

### MASS RADIOGRAPHY.

After leaving school young people continue to grow and develop for a number of years, during which they are exposed to the risk of certain serious diseases, such as tuberculosis. By means of mass radiography it is possible to detect the beginning of this disease at a stage when it is readily curable.

The Dudley Mobile Mass Radiography Unit visited Colwall, Foxley, Hereford, Kingstone, Ledbury, Madley, Ross-on-Wye and Weobley during the year. All children who were found to be tuberculin positive when tested with P.P.D. were invited to attend one of these centres for X-ray examination. 59 children attended.

### TUBERCULOSIS IN CHILDREN.

During the year seven school children were notified as suffering from primary tuberculosis, four of them shewing the infection in the lungs and the remainder elsewhere in the body. Of these children three were admitted to hospital.

The source of infection is sought as far as is possible in all cases with particular attention to the parents and the milk supply. Only exceptionally does the progress of primary tuberculosis at school age give rise to anxiety if care is observed in the early stages of the infection.

In conjunction with the visit of the Mobile Mass Radiography Unit to Leominster in 1957 it is proposed to tuberculin test all school entrants in Leominster in an endeavour to find any previously unknown tuberculous infection among the parents.

In addition to the B.C.G. vaccination of children at the age of 13 the vaccination of tuberculosis contacts in the County continues.



## PROVISION OF SCHOOL MEALS AND MILK.

During the last twelve months there has been no remarkable change in the number of school meals served in Herefordshire. The price of the school meal was increased in September, 1956, by the Ministry of Education from 9d. to 10d., which resulted in the number of children taking meals decreasing temporarily. For the year 1955/56 the Ministry of Education allowed the following unit cost :— Food 9.65 pence, Overheads 11.80 pence. The Authority's actual costs were 9.57 pence, and 11.75 pence, respectively.

From the beginning of May until the end of July, a school meals survey was made in this county by the Ministry of Education, which included visits by Her Majesty's Inspectors to seventeen kitchens and fifty-five schools. The service was favourably commented on, but certain suggestions for improvements were made and action is being taken. The printed report from the Minister of Education has not yet been received.

Steady progress is being made with schemes for improvements to existing buildings. This provision has been made even more vital through the passing of the Food and Drugs Act and it is hoped that 1957 will see even more rapid progress in such improvements.

The annual training course for supervisors and senior cooks was held in September, emphasis being laid on "Meat Identification" and practical cookery demonstrations. During the year, six of the School Meals Service staff attended a City and Guilds Cookery Course held at the College of Further Education, Hereford, and all achieved a pass certificate in their final examination, which was held in June.

The Authority took over the responsibility for the supply of milk, under the Milk-in-Schools Scheme, to non-maintained schools as from the 1st September, 1956, and all maintained and non-maintained schools received fresh milk during 1956.

## SCHOOL BUILDINGS.

### Playgrounds.

Repairs have been effected to the playgrounds at 27 schools.

### Heating.

New stoves and grates have been provided and repairs carried out to existing stoves and grates in 45 schools. The central heating systems at four schools have been improved.

### Equipment.

New desks and tables (replacements) have been supplied to 45 schools.

### General Sanitary Arrangements.

The earth closets at one school have been converted into water closets and conversion work has been approved in two other cases.

The natural lighting, ventilation, cloakroom and washroom arrangements at 23 schools have been improved.

Drains have been overhauled and repaired in 21 schools. The drainage at one school has been connected up to the public sewer.

Piped water supplies have been laid on to two schools.

### General.

Work has begun on the first instalment of the new College of Further Education at Broadlands, Hereford, and the new Church of England Secondary Modern School at Tupsley, Hereford.

It is hoped that the extensions at Ledbury Grammar School to provide a new classroom and chemistry laboratory, etc., will be ready for occupation as from the commencement of the summer term 1957.

The following projects have been approved :—

Bredenbury C.P. School	.....	Provision of water-borne sanitation, kitchen, dining and cloakroom accommodation.
Foxley C.P. School	.....	Conversion of hut to provide additional classroom and storage. New playground.
Kington C.P. School	.....	Erection of 4-classroom block, etc. New staff lavatory block.
Leominster Jun. C.P. School	.....	Provision of 2-classroom block and improvements to sanitary and dining accommodation.
Leominster Grammar School	.....	Provision of dining/assembly hall.
Ross Grammar School	.....	Provision of new handicraft workshop etc.
Whitecross Secondary School	.....	Provision of horticultural demonstration room.



Repairs have been effected to school floors in 24 cases, and general repairs and renovations carried out at 86 schools.

Electric light has been installed in 7 schools.

### **PHYSICAL EDUCATION.**

Progress has continued to be made in the development of physical education in schools throughout the county.

The supply of fixed and portable playground apparatus in primary schools has been satisfactorily maintained, and the increased strength and mobility of the children who have had the opportunity of using this apparatus during the past year, is most evident.

It is pleasing to know that more and more children throughout the county are encouraged to change their clothing and their shoes for physical education lessons. In a number of schools, physical education lessons are taken indoors on wet days, but owing to the shortage of facilities generally, this indoor work is rather limited. Playground surfaces show definite improvement.

The Herefordshire Schools Sports Association continues to do excellent work in games, athletics, and swimming, at inter-school and county level. New sections for boxing, rugby football, and basketball are at present in the process of being formed. In athletics, Hereford was again represented in the All-England Championships which were held at Plymouth last July. Once again, Herefordshire children were well to the fore in both field and track events. Herefordshire gained the highest points in a triangular swimming meeting against Shropshire and Dudley Schools, which was held for the first time in October, and resulted in two boys representing this area in the All-England Schools Swimming Championships held at Newcastle-upon-Tyne.

Approval has been granted for the provision of a learners' swimming pool at Kingstone Secondary Modern School, and it is anticipated that work on the pool by voluntary labour will commence in March, 1957. If this venture is successful, the provision of similar pools throughout the county is envisaged. Swimming instruction has continued to be given in the summer months at Leominster, Colwall and Ledbury. In Hereford, instruction is given throughout the year, and it is again gratifying to record the high percentage of children from both primary and secondary schools who have been taught to swim.

One teacher has completed a one-year Supplementary Course in Physical Education at the I.M. Marsh College of Physical Education, Liverpool, and a second Herefordshire teacher is at present attending the same course. Courses for coaches in athletics, cricket, swimming and hockey, have been organised and arrangements have been made for men and women teachers to attend weekend courses in athletics and tennis at the Lilleshall National Recreation Centre. Many teachers have attended short courses in physical education, approved by the Ministry of Education. Other courses include those held for school-children in athletics and hockey.

### **HOUSECRAFT INSTRUCTION.**

All the grammar and other secondary and six all age primary schools now have a fully qualified Domestic Subjects Teacher on the school staff: three secondary schools each have two such teachers. The housecraft room is part of the school premises in nine secondary and five primary schools—in three other cases the room is attached to the local secondary school.

Ledbury School of Domestic Economy with three teachers, and one room at Ross Walter Scott C.D.S. Centre, still function as independent centres, the four teachers working under the Organiser of Domestic Subjects.

There are facilities for general housecraft in a bed-sitting room or flat at five secondary and three primary schools, and in the independent centres at Ledbury and Ross. Two specialist teachers live in flats attached to Housecraft Rooms.

The raising of the school leaving age to fifteen, the increase in the number of girls remaining at school to undertake sixth form work, pre-nursing and other courses has created, in a number of cases, groups of older girls who are naturally interested in questions of dress, make up, etc. After an introductory lecture at a teachers' course the Education Committee agreed to the employment of an experienced representative of a well known firm to give a lecture-demonstration on "Good Grooming" to groups of school leavers at secondary schools in early 1956. The importance of personal hygiene, posture and care of clothing was stressed and valuable advice given to the teenagers on the best methods of maintaining a good personal appearance. The Heads of the schools concerned were so impressed with the value of the lecture that a further visit is to be paid to this county by the same lecturer in April, 1957, when she will lecture to nine groups of senior girls.



## THE EARLY DAYS OF THE SCHOOL MEDICAL SERVICE IN HEREFORDSHIRE

by I. F. MacKENZIE, M.D., D.P.H., D.T.M. & H.

The School Medical Service in England and Wales began as a result of the passing of the Education (Administrative Provisions) Act in 1907. With the approach of the jubilee of the Service it will be a source of encouragement and pride for us in Herefordshire to look back on the conditions prevailing at that time and on the difficulties with which the Education Committee, and the officials, had to contend. Sufficient information can be gleaned from perusal of the Annual Reports of the first Herefordshire School Medical Officer to illuminate the birth and the earliest days of what has now become a fully established and mature branch of the health services within the county.

The background to the establishment of the School Medical Service in Britain is a sombre one and it reflects little credit on the social system of what was, at the opening of the 20th century, reputedly the wealthiest country in the world. Even though it was known from studies by Rowntree in the city of York in 1900 that the standards of health and physique among children were appallingly low, the public conscience was not fully roused until the Report of the Inter-Departmental Committee on Physical Deterioration was published in 1904. This committee demonstrated that the reasons for the rejection on grounds of poor health and physique of 40 per cent. of the recruits for the South African war (the rejection rate was as high as 60 per cent. in some areas) were malnutrition, neglected physical defects and chronic ill-health in childhood. Legislative and other action was therefore taken, as a matter of urgency, to improve the health of children ; and the extent of the disturbance of our equanimity is shown by the public action that was deemed essential at a time when it was considered to be discreditable for the community to have to intervene on behalf of the health and well-being of our people's children. The immediate outcome was that the School Medical Service was born ; that authority was given for school meals to be provided for necessitous children ; that births became notifiable to the Medical Officer of Health to enable him to check up on the home conditions under which babies were being reared ; and that the first cautious efforts were made to inaugurate what has now become the world-wide Child Welfare Movement.

While all this was going on, what was happening in Herefordshire ? As a predominantly rural county, remote from, and almost unaffected by the tremendous upheavals in social life that were taking place in the industrial areas, life went on quietly on an even tenor almost as it had for centuries. It is true that the railway had been brought to, or within easy reach of, almost all large villages, that the motor car was becoming quite familiar on county roads and that motor buses conveyed country people to certain neighbouring towns on market days, but the horse drawn conveyance was still the principal means of road transport. As is to be expected therefore, the first County School Medical Officer experienced considerable difficulty in travelling to schools, particularly those in remote country districts. In contrast with the facility with which our fast reliable cars and our good roads enable us to reach the most distant schools with speed and in comfort, he had to travel by train or cycle, and to improvise means to have the weighing machine and the other equipment conveyed to the schools. Insuperable difficulties were encountered at rural schools, so he bought one of the early horseless carriages to enable him to motor when other means of transport was impracticable, but it is on record that up to 1912 at least, he was expected by the Education Committee to use train or cycle in the course of his duties.

Transport difficulties and the cost of fares prevented many children from obtaining treatment for defects found by the Medical Officer. In a report to the Education Committee, he pointed out that an agricultural labourer with a wage of 15 shillings a week, and having in many instances about 10 children to feed and clothe, could not afford money for fares to hospitals, or for fees for doctors. It is not surprising to find that the records show that about 60 per cent. of the defects found received no treatment. Nowadays only a very small proportion of defects found at medical inspections remain untreated. Poor roads, long distances from school and lack of public transport prevented regular attendance by many children ; and, because of these conditions, some were 6 years of age or more before beginning to attend school. Another aspect of the problem created by low wages, large families and distance from school was that the clothing and footwear of about 25 per cent. of the children examined, were regarded by the Medical Officer as unsatisfactory. This is a very high proportion indeed. Associated with the unsatisfactory clothing, it is recorded that the standard of cleanliness of both clothing and person, and freedom from lice, were poor. Yet successive annual reports show a rapid improvement in cleanliness—an improvement that was attributed by the Medical Officer to this new service. Nowadays the standard achieved is high, except in the case of some problem families.

The lack of school nurses and of adequate clerical assistance, made the work of the Medical Officer unnecessarily difficult for many years after the inauguration of the School Medical Service. Year by year



the Annual Reports stress the need for assistance, particularly that of school nurses. Because no school nurses were provided, home visits could not be paid to problem families ; the weighing and measuring of children had to be done by the Medical Officer himself, thus reducing the number of children he could examine in a day ; and the teachers had, more or less, to assist the Medical Officer during the course of the examination. It was not until 1918 after the lapse of about ten years that a school nursing service was established, though it should be noted that some of the nurses employed by District Nursing Associations did go voluntarily to assist at medical inspections.

The Medical Officer's work at these inspections must have been made still more difficult for him by the practice adopted in the early years, of inviting not only the parents, but the school managers as well, to be present during the medical examination of children. It is recorded that in the year 1913 one hundred and sixty-four managers actually attended. That the attendance of parents at medical inspections was as good as it was (57 per cent. of infants were accompanied by parents in 1913) is all the more creditable in view of the presence of local observers sitting around watching what was going on and, presumably, listening to what was being said.

The defects from which the children suffered were, in the main, poor nutrition, respiratory infections, defects of vision, and dental caries. Many other diseases and defects were recorded, but they were of much less importance numerically. In view of the records of poor nutrition, it is not surprising that the inadequacy of the diet of many children is emphasised in the Reports again and again, particularly the diet of those who stayed all day at school and who had bread and jam and tea or home-made cider as their mid-day meal. Nowadays with our efficient school meals service and with the provision of free milk the position has been transformed beyond what would have been deemed possible in 1909. Poor diet affects physical and mental energy and limits a child's ability to learn. This, no doubt, accounts for the fact that year after year, on the basis of teachers' assessments, about 10 per cent. of the children on the school registers were regarded as being backward educationally. Nowadays a comparable figure for the county would be less than 3 per cent.

No free treatment service was provided in the early days of the Service ; and, as has been indicated, only about 40 per cent. of the children had their diseases or defects attended to. Those whose parents were subscribers to a Hospital Fund (one hospital in the county was, in 1905, believed to have 20,000 subscribers) were in a fortunate position, but financial stringency and travel difficulties forced large numbers of children to continue to suffer unnecessarily. To assist these children, the Education Committee, at the suggestion of the School Medical Officer, encouraged the establishment of a voluntary Care Committee at each school. These Care Committees, being composed of local people, knew local and individual problems, and their function was to try and secure the efficient treatment of defects and diseases discovered at Medical Inspections by providing train tickets, hospital tickets and so on. At one time there were 100 of these care committees active within the county. Tribute was, from time to time, paid to the value of their work, but when the School Nursing Service was established in 1918, the school nurses proved to be so efficient that these committees gradually ceased to operate.

Criticism of the hygiene of schools figures largely in the annual reports. The Medical Officer considered that poor ventilation and lighting, inefficient heating, inadequate sanitary facilities and careless methods of school cleaning militated against children's health. Though the records show that much was achieved and many improvements carried out, yet it appears to have been an uphill fight against apathy, and the lack of money, and against the views of those who argued that what had served previous generations satisfactorily was good enough for the present one.

Perusal of the annual reports of these early days fills one with admiration for the enthusiasm of the School Medical Officers who, under such difficult conditions, laid sound foundations for our present service. The struggle was not only against ill-health among the children ; it was against the opposition that arises, understandably, among people who have had a new personal service thrust on them unasked. This led to a delay of several years before serious attempts were made to provide adequate treatment facilities. It also led to the repeated rejection of appeals for the inclusion of school nurses in the service.

The Welfare State idea had not yet germinated, but the trouble and unrest arising out of the 1914/18 war brought a change of outlook on social and community services—a change that is apparent in later annual reports. Those of us who, as Medical Officers and School Nurses, are now carrying on the School Health Service work under totally different conditions.

The Service has grown and expanded and is, in fact, practically all-embracing, covering not only specific medical needs, but also the needs of all categories of handicapped pupils. The most up-to-date facilities for examination and treatment are available free, either directly through the Education Committee, or by other national health services working in close association with us.



Any development of the School Health Service (and there have been many, for example, speech therapy, physiotherapy, mobile dental clinics, audiometry, etc. during the last ten years) that can be demonstrated to the Education Committee as likely to be of value to our school children, will be provided by the Committee if it is financially possible to do so. The assurance that we are all, nowadays, pulling together in the interests of Herefordshire children makes our work as School Medical Officers infinitely more rewarding and more quickly effective than was that of our predecessors of fifty years ago.

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## ACCOUNT OF THE SCHOOL DENTAL SERVICE IN HEREFORDSHIRE FROM THE YEAR 1907

by O. S. BENNETT, L.D.S., R.C.S.(ENG.).

The first school dental officer to this Authority was appointed in the year 1920, though it is of interest to record that the matter of dental health had not been entirely neglected in previous years.

The Annual Report of the School Medical Officer for the year 1909 is particularly interesting. The total number of children inspected by him was 3,137, but only 48 were referred for dental treatment. Even allowing for the fact that only children exhibiting gross oral sepsis were referred for treatment, the figure is astonishing. This report shows 20 per cent. of children had sound teeth, but the writer deplores the fact that, "Very few parents are alive to the great importance of sound teeth in maintaining a high standard of health". That dentistry in the year 1909 was mainly a matter of extraction only is amply confirmed by this highly critical Medical Officer in his recording of the fact that he only observed 12 children in whose mouths conservations had been performed. It must be remembered however that free dental treatment was not available in those days.

All the reports of this particular Medical Officer show an acute awareness of the importance of dental health and correct diet. He was a strong advocate of milk, and condemned the consumption of cider by children which in those days was a common practice.

In the year 1913 the Herefordshire Education Authority were persuaded by this far-sighted Medical Officer to retail tooth brushes to children at a cost of 2d. each. Despite his most praiseworthy efforts in the field of dental health his report for the year 1917 states that 60 per cent. of the children presented so septic a condition of the mouth as to produce tendencies favourable to ill-health.

In October 1920 a new era commenced by the appointment of a school dental surgeon, who was to be responsible for dental inspection and treatment. No treatment had hitherto been provided by the Education Committee. In these early days of the dental scheme only children aged 6-8 inclusive were inspected and treated, and were required to pay a fee of 1-2 shillings depending upon family income. Approximately 50 per cent. of children failed to keep their appointments. The present day figure is 12-15 per cent.

In the year 1921 dental inspection showed only 9.6 per cent. of children had sound teeth—a significant deterioration since 1909. The problem of providing dental treatment in these early days of the School Dental Service was indeed acute, though much was accomplished. By 1927 it was realised that the pressure of clinical dental surgery left very little time for dental health education—a condition which still obtains. Only one visit to a school was possible, as a result of which any treatment not completed had to be referred to a private dental surgeon. Treatment was restricted to conservations and extractions under local anaesthesia, but in 1935 arrangements were made for multiple extractions under general anaesthesia to be carried out at the General Hospital.

The year 1937 marked a notable step forward in the provision of dental treatment by the appointment of two additional dental surgeons, making a total of three, and rendering it possible for the first time to inspect and treat school children of all ages.

Notwithstanding this increase in dental staff several reports from 1937 to the end of the war record the poor response to the offer of dental treatment. In 1944 out of 1,032 Secondary School children referred for treatment only 298 parental acceptances were received. The present day figure for this category of school child is approximately 72 per cent., but even this notable advance is not good enough.

In November 1946 the appointment of a Senior Dental Officer was made, whose duties other than clinical were to advise the School Medical Officer on matters relating to the organisation, development and technical efficiency of the school dental service.

The report for 1946 records a notable improvement in the children's teeth during the war years, whereas at the present time only 3-4 per cent. of mouths are free from dental defects.

Orthodontic treatment was inaugurated in 1947, and it is a source of much regret that shortage of staff has precluded the development of this specialist branch of the Service, particularly since parents are keen to have their children's abnormalities corrected.

The Authority acquired its first mobile dental unit in November 1949, and so laid firm foundations for treatment at rural schools. A second unit came into operation in early 1952, and a third one is anticipated in 1957.

In 1950 arrangements for the administration of general anaesthetics were made at Hereford City clinic. This service proved immensely popular with parents, and expanded from 146 administrations in 1950 to 455 in 1952. The administration of general anaesthetics is now in the hands of a consultant anaesthetist.

Other consultant services are available in the field of orthodontics and oral surgery.

With fixed surgeries equipped in the modern manner, the operation of mobile units, and the availability of consultant advice and treatment, the dental service shows marked progress. On the debit side it is now bedevilled by staffing difficulties and a high caries incidence.

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